

"Oral health care for all"



Testimony to the Public Health Committee
January 31, 2007

by Marty Milkovic
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Connecticut Oral Health Initiative (COHI)

Senator Handley, Representative Sayers and members of the Public Health Committee. Thank you for holding this hearing on access to health care.

My name is Marty Milkovic and I am the Executive Director of the Connecticut Oral Health Initiative, a statewide coalition of people and organizations interested in access to oral health care. Our mission is **Oral Health for All**.

I am here to support SB 1 and in particular, the fact that it includes language to increase access to oral health care for Medicaid patients.

There is an Oral Health Care Crisis for HUSKY Children in Connecticut, caused by very low dental reimbursement rates. **Our HUSKY Children deserve a fair deal when it comes to oral health care.**

Right now the State of Connecticut pays \$22 per person per month to provide dental insurance for its employees, but only \$8 per person per month for our HUSKY children.

The immediate solution is to raise HUSKY dental reimbursement rates to about \$14.50 per person per month, which is the 70TH percentile of dental fees received by providers.

The long term solution is to enact universal health care that includes oral health.

- **Most HUSKY children do not receive oral health services because of low reimbursement rates.**

In a 2006 study, only 27% of persistent 'mystery shoppers' were able to get a preventive dental appointment for a HUSKY child. Connecticut's dental reimbursement fees under HUSKY have been frozen since 1993 and only about 100 out of 2,500 dentists in Connecticut provide significant levels of care to HUSKY children.

- **Talks to settle a nearly seven-year-old lawsuit against the State on HUSKY reimbursement rates have not fixed the problem.**

With no settlement in sight, legislation is necessary so that HUSKY children do not suffer for another year.

- **If Rates are Raised More HUSKY Children will get the oral health care they need.**

Over 350 Connecticut dentists have pledged that they will serve more HUSKY children if rates are raised.

270 new dentists would participate and 84 current participants would serve more HUSKY children. That would triple the number of dentists caring for children in the HUSKY system.

A number of states, including Michigan, Tennessee and Delaware have made dramatic progress in raising and implementing higher rates, proving that it can be done.

- **Oral health care can reduce costs for future dental care & overall health care**

Low income children who have their first preventive dental visit by age one are less likely to have subsequent restorative care or emergency room visits. Their average dental costs are almost 40% lower (\$263 vs. \$447).

According to a report of the Emergency Room Overcrowding Task Force, dental problems are one of the top two reasons children visit emergency rooms in Connecticut during the day.

A 3-year study of Medicaid reimbursement revealed that it is ten times more costly to treat dental emergencies in a hospital (\$6,498) than to provide preventive treatment in a dental office (\$660).

So again we appreciate your concern about access to health care. I strongly encourage you to raise HUSKY dental rates and to enact universal health care that includes oral health.

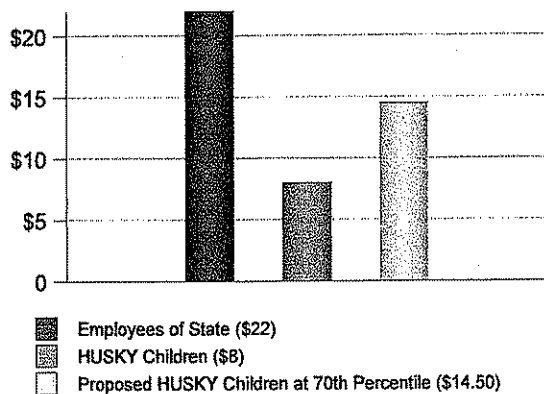
Thank you.

Our HUSKY Children Deserve a Fair Deal on Oral Health Care

Large numbers of our HUSKY children lack access to basic oral health care. Many are at high risk and their lack of needed oral health care leads to more severe and expensive problems, even though most dental disease can be prevented. All children need and deserve quality oral health care.

State Payments for Dental Insurance

Per Person Per Month †



Most HUSKY children do not receive oral health services because of low reimbursement rates

- In a 2006 study, only 27% of persistent 'mystery shoppers' were able to get a preventive dental appointment for a HUSKY child. ¹
- 71% of children enrolled in HUSKY A for all or any part of 1999 received no dental care. ² Even among children continuously enrolled in HUSKY A in 2005, the best of circumstances, over half received no dental care. ³
- Connecticut's dental reimbursement fees under HUSKY have been frozen since 1993 ⁴ and are less than the 10TH percentile of dentists' fees. ²
- Only about 100 out of 2,500 dentists in Connecticut provide significant levels of care to HUSKY children. ²

Talks to settle a nearly seven-year-old lawsuit against the State on HUSKY reimbursement rates have not fixed the problem

- Over six years ago, legal aid attorneys filed a lawsuit against the State for not providing dental care to children on HUSKY as provided by Federal Medicaid law and regulation.
- During the 2006 legislative session, a bill to raise rates to the 70TH percentile (HB 5790) was approved by the Public Health Committee and the Appropriations Committee.
- In the final 2006 budget negotiations, the State indicated that they would be interested in settling the lawsuit as the way to solve the problem. As a result the bill was withdrawn.
- With no settlement in sight, legislation similar to HB 5790 is necessary to make sure that HUSKY children do not suffer for another year.

The Solution: __ Raise HUSKY dental rates to at least the 70TH percentile of dentists' fees, to about \$14.50 per child per month.

If Rates are Raised More HUSKY Children will get the oral health care they need

- Over 350 Connecticut dentists have pledged that they will serve more HUSKY children if rates are raised. 270 new dentists would participate and 84 current participants would serve more HUSKY children. ⁵
- Low reimbursement rates impede the progress of oral health care for poor children, according to Burton Edelstein, D.D.S., M.P.H., co-author of a 2001 report on oral health access for Connecticut's children. ² "Since the report came out, a number of states, including Michigan, Tennessee and Delaware have made dramatic progress in (raising and implementing higher) rates, proving that it can be done" he said. ⁶

Preventive oral health care can reduce costs for both future dental care and for overall health care

- Dental care makes up only about 4% of overall health care costs ⁷ and impacts overall health.
- Low income children who have their first preventive dental visit by age one are less likely to have subsequent restorative care or emergency room visits. Their average dental costs are almost 40% lower (\$263 vs. \$447) over a five year period than children who receive their first preventive visit after age one. ⁸
- A 3-year aggregate comparison of Medicaid reimbursement revealed that it is ten times more costly to treat dental emergencies in a hospital (\$6,498) than to provide preventive treatment in a dental office (\$660). ⁹

Children face increased risks due to poor access to oral health care

- Every child should have a regular dentist and a checkup no later than age one. ¹⁰ Few do.
- Oral health problems are responsible for more missed school days than any other type of health problem. Three out of 100 children miss school because of dental pain. ¹¹
- Tooth decay is five times more common than asthma and seven times more common than hay fever in children. ¹⁰
- The lack of dental care in children can lead to extensive dental disease, hospitalization for acute infections, increased risk of disease in permanent teeth, extensive pain and poor nutrition. ¹²
- More than twice as many children lack dental insurance as lack medical insurance. ²
- Tooth decay is the single most common chronic disease among children. ²
- Thousands of Connecticut's children have dental problems severe enough to wake up with a toothache - or fail to fall asleep because of one. ²
- 80% of dental disease is found in only one-quarter of the children. Low-income children are much more likely to suffer this disease but are also much less likely to obtain dental care. ² Children in poverty suffer from twice as much tooth decay as their more affluent peers. ⁶
- Three times more of America's children are in need of dental services than medical services, yet children with public insurance are only one-quarter as likely to see a dentist as they are to see a physician. ²

Connecticut Oral Health Coalition

Connecticut Appleseed
Connecticut Association of Dental Assistants
Connecticut Association of School-Based Health Centers
Connecticut Dental Hygienists' Association

Connecticut Oral Health Initiative
Connecticut Primary Care Association
Connecticut Society of Pediatric Dentists
Connecticut State Dental Association

† State of Connecticut; American Dental Association. State Innovations to Improve Access to Oral Health Care for Low Income Children: A Compendium Update. Chicago: American Dental Association: 2005 - ¹ *State of Connecticut, Department of Social Services Mystery Shopper Project*, Nan Jeannero and Kerry McGuire, Mercer Government Human Services Consulting, Phoenix, November, 2006 - ² *Elements of Effective Action to Improve Oral Health & Access to Dental Care for Connecticut's Children & Families*, Children's Fund of Connecticut and Connecticut Health Foundation, 2001 - ³ *Dental Care for Children in HUSKY A: Methods and Findings*, Connecticut Voices for Children, October 2006 (http://www.ctkidslink.org/pub_detail_316.html) - ⁴ Connecticut Department of Social Services - ⁵ Survey by the Connecticut State Dental Association and the Connecticut Society of Pediatric Dentists, January 2007 - ⁶ *Oral Health Care on the Public Policy Map*, Connecticut Health Foundation, 2004 - ⁷ *Health Plans Expand Dental Benefits*, Wall Street Journal, September 19, 2006 - ⁸ *Early Preventive Visits: Effects on Subsequent Utilization and Costs*, *Pediatrics* 2004, 114 - ⁹ *Disparities in Oral Health and Access to Care: Findings of National Surveys*, Ambulatory Pediatrics, March-April 2002 - ¹⁰ *Policy on the Dental Home*, American Academy of Pediatric Dentistry, 2004 (<http://www.aapd.org/media/policies.asp>) - ¹¹ *Oral Health in America*, United States Surgeon General, 2001 - ¹² *Oral Health Care of the Public Policy Map*, Joanna M. Douglas, B.D.S., D.D.S., consultant, Connecticut Health Foundation, 2004